

		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707 – 7162 (608) 266-3151		County	
				Sanitary Permit Number (to be filled in by Co.)	
Sanitary Permit Application In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)				State Plan I.D. Number	
				Project Address (if different than mailing address)	
I. Application Information – Please Print All Information					
Property Owner's Name				Parcel #	Lot # Block #
Property Owner's Mailing Address				Property Location	
City, State		Zip Code	Phone Number	_____ 1/4, _____ 1/4, Section _____ (circle one) T _____ N; R _____ E or W	
II. Type of Building (check all that apply) <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____ <input type="checkbox"/> Public/Commercial – Describe Use _____ <input type="checkbox"/> State Owned – Describe Use _____				Subdivision Name CSM Number	
				<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____	
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)					
A.	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Treatment/Holding Tank Replacement Only	<input type="checkbox"/> Other Modification to Existing System	
B.	<input type="checkbox"/> Permit Renewal Before Expiration	<input type="checkbox"/> Permit Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Permit Transfer to New Owner	List Previous Permit Number and Date Issued
IV. Type of POWTS System: (Check all that apply)					
<input type="checkbox"/> Non –Pressurized In-Ground <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> At-Grade <input type="checkbox"/> Single Pass Sand Filter <input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> Holding Tank <input type="checkbox"/> Peat Filter <input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Recirculating Sand Filter <input type="checkbox"/> Recirculating Synthetic Media Filter <input type="checkbox"/> Leaching Chamber <input type="checkbox"/> Drip Line <input type="checkbox"/> Gravel-less Pipe <input type="checkbox"/> Other (explain)					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd)	Design Soil Application Rate(gpdsf)		Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation
VI. Tank Info		Capacity in Gallons	Total Gallons	Number of Units	Manufacturer
	New Tanks	Existing Tanks			Prefab Concrete Site Constructed Steel Fiber Glass Plastic
Septic or Holding Tank					
Aerobic Treatment Unit					
Dosing Chamber					
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print)		Plumber's Signature		MP/MPRS Number	Business Phone Number
Plumber's Address (Street, City, State, Zip Code)					
VIII. County/Department Use Only					
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial		Sanitary Permit Fee (includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
IX. Conditions of Approval/Reasons for Disapproval					

Attach complete plans (to the County only) for the system on paper not less than 8 1/2 x 11 inches in size